

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101585772

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		5		1		
8		5		1		
9		5		1		
10		5		1		
11		5		1		
12		5		1		
13		5		1		
14		5		1		
15		5		1		
16		5		1		
17		5		1		
18	1		1			
19		1		1		
20		1		1		
21		1		1		
22		1		1		
23		5		1		
24		5		1		
25		5		1		
26		5		1		
27		5		1		
28		5		1		
29		5		1		
30		5		1		
31		5		1		
32		5		1		
33		5		1		
34		5		1		
35	1					
36		1				
37		1				
38		1				
39		1				
40		5				
41		5				
42		5				
43		5				
44		5				
45		5				
46		5				
47		5				
48		5				
49		5				
50		5				
TOTAL IND.	5	↓		↓		↓
TOTAL DEP.	63	←		←		←
TOTAL CLAIMS	68					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0		1		
52	1		1			
53	1		1			
54		1		1		
55		2		1		
56						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	34	←		←
TOTAL CLAIMS			38			